

CHRISTOPHER WAYNE LESTER

6 OF 14



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Christopher Wayne Lester

FROM: Kanawha Valley Radiologists, Inc.
1021 Quarrier Street, Room 301
Charleston, WV 25301
(304) 343-4625

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688125-0001
THROUGH 500688125-0002.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

WWW.MARKER-HOFF.COM

Case No: C-1-01-428

Michael W. Harris

vs.

Purdue Pharma L.P., et al

: Southern District Court

: County of Hamilton

: State of Ohio

Records pertaining to: Christopher Wayne Lester

Custodian of Records For: Kanawha Valley Radiologists, Inc.

I have conducted a thorough search of our files for the requested records, including but not limited to: patient intake forms and health questionnaires, and/or consent forms, and/or physical examination records, and/or x-rays, and/or pathology slides and/or blocks, and/or all nurses notes and physicians notes, and/or treatment records and reports, and/or prescription records, and/or third-party consultation records, and/or records of treatment at hospitals and other health care providers, and/or test results from outside laboratories, and/or itemized billing records, and/or insurance claims forms, and or personnel records and/or payroll records, and/or academic records, and/or correspondence.

I certify that nothing has been removed from the original file before releasing copies of these records or the originals. The records I am releasing are the original records or exact duplicates of the original records and include each and every record contained in the file on the above-named individual.



AFFIANT



WITNESS

8/18/03

DATE

PATIENT RECEIPT OF SERVICES RENDERED

DATE: 03/18/03

KANAWHA VALLEY RADIOLOGISTS
 PO BOX 3426
 CHARLESTON WV 25334
 (304) 343-4625
 Tax ID: 55-0516457

CHRISTOPHER W LESTER
 PO BOX 1113
 DANVILLE WV 25055

For: CHRISTOPHER W LESTER
 Account No.: 102118862

SERVICE CPT	DESCRIPTION	CHARGE	PAYMENT	BALANCE
DATE	DIAGNOSIS DOCTOR			
01/30/01 73721	MRI LOWER EXTREMITY JOINT	235.00		235.00
	999.9 DAVID ABRAMOWITZ MD			
02/28/01 114	PAT-WORKERS COMPENSATION		93.60	141.40
	LP DAVID ABRAMOWITZ MD			
02/28/01 214	CK-WORKERS COMPENSATION A		141.40	0.00
	LP DAVID ABRAMOWITZ MD			

500688.125.0001

PATIENT RECEIPT OF SERVICES RENDERED

DATE: 08/18/03

KANAWHA VALLEY RADIOLOGISTS
PO BOX 3428
CHARLESTON WV 25334
(304) 343-4625
Tax ID: 55-0516457

CHRISTOPHER W LESTER
P O BOX 1113
DANVILLE WV 25053

For: CHRISTOPHER W LESTER
Account No.: 2532760280

SERVICE DATE	CPT DIAGNOSIS	DESCRIPTION DOCTOR	CHARGE	PAYMENT	BALANCE
08/01/02	70450	CT HEAD WITHOUT CONTRAST	159.00		159.00
	780.4	JAMES J BAER MD			
08/01/02	71020	CHEST	34.00		193.00
	780.4	JAMES J BAER MD			
08/02/02	72100	LUMBAR SPIKE LIMITED	40.00		233.00
	724.2	DAVID ABRAMOWITZ MD			
08/02/02	53000	DUPLEX SCAN EXTRACRANIAL	126.00		359.00
	433.10	DAVID ABRAMOWITZ MD			
08/02/02	53970	DUPLEX BILATERAL EXT VEIN	69.00		428.00
	451.2	DAVID ABRAMOWITZ MD			
08/03/02	70553	MRI BRAIN WITH AND WITHOUT	520.00		948.00
	435.9	DAVID ABRAMOWITZ MD			
08/03/02	72140	MRI LUMBAR SPINE WITHOUT	235.00		1183.00
	724.4	DAVID ABRAMOWITZ MD			
08/07/02	76770	ULTRASOUND RETROPERITONEA	120.00		1303.00
	999.9	DAVID ABRAMOWITZ MD			
09/03/02	114	PRT-WORKERS COMPENSATION		57.56	1245.44
	LP	DAVID ABRAMOWITZ MD			
09/03/02	214	CR-WORKERS COMPENSATION A		135.04	1110.40
	LP	DAVID ABRAMOWITZ MD			
09/05/02	114	PRT-WORKERS COMPENSATION		141.56	968.84
	LP	DAVID ABRAMOWITZ MD			
09/03/02	214	CR-WORKERS COMPENSATION A		216.04	752.80
	LP	DAVID ABRAMOWITZ MD			
09/03/02	114	PRT-WORKERS COMPENSATION		81.48	671.32
	LP	DAVID ABRAMOWITZ MD			
09/03/02	214	CR-WORKERS COMPENSATION A		153.52	517.80
	LP	DAVID ABRAMOWITZ MD			
09/09/02	114	PRT-WORKERS COMPENSATION		111.72	406.08
	LP	DAVID ABRAMOWITZ MD			
09/09/02	214	CR-WORKERS COMPENSATION A		223.28	182.80
	LP	DAVID ABRAMOWITZ MD			

500688.125.0002



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Christopher Wayne Lester

FROM: Boone Memorial Hospital
(Patient Accounts)
701 Madison Avenue
Madison, WV 25130
(304) 369-1230

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688028-0001
THROUGH 500688028-0041.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

WWW.MARKER-HOFF.COM

08/21/03
08:39 Thursday

BOONE MEMORIAL HOSPITAL
PATIENT ACCOUNT DETAIL 006600 LESTER CHRISTOPHER WAY

PAGE 1
H5ARD0T

BOONE MEMORIAL HOSPITAL
701 MADISON AVE
MADISON WV 25130
PHONE: 304-369-1230 TAX ID#: 550477361

PATIENT-----
1 NUM/NAME--: 006600 LESTER CHRISTOPHER WAY
2 SEX-----: M
3 BIRTH----: 12/23/1971
4 DOCTOR---: 005000 BY ROSENDO
5 MARITAL--: M
6 SOC.SEC--: 233153340

BILLING INFORMATION-----
16 CREDIT----: HOSP DRG.:
17 BILL-----: FINAL DRG.:
18 CYCLE-----: 1
19 STAY TYPE--: 3 E/R
20 SERVICE---: E
21 INSURANCE--: WB WORKMAN'S COMPENSATION -O/P-

GUARANTOR-----
10 NAME-----: LESTER CHRISTOPHER WA
11 ADDRESS-1: PO BOX 1113
12 ADDRESS-2:
13 CITY/ST--: DANVILLE WV
14 ZIP-----: 25053
15 PHONE----: 3043696657

ADMISSION-----
22 DATE-----: 6/02/03
23 CODE-----: E
DISCHARGE-----
25 DATE-----: 6/02/03 DAY STAY
26 CODE-----: H

A/R DATE	SERV DATE	TYPE TRAN CODE	CHG/RNC NUMBER	QTY DESCRIPTION	CHARGE	CREDIT	NECESSARY CPT
06/02/03		CHG 320	4080000	1 =>X-RAY ORDER<=	.00		
06/02/03		CHG 320	4000548	1 XR HIP COMP RT	95.00		73510
06/02/03		CHG 320	4000550	1 XR FEMUR 2 VIEWS RT	69.00		73550
06/03/03	06/02/03	CHG 250	12012098	1 HYDROCODONE/APAP TAB : 5-500MG BULK	1.27		
06/04/03				ED VISIT LEVE			
06/04/03	06/02/03	CHG 981	30080003	1 ED VISIT LEVEL III	85.00		99283
06/04/03	06/02/03	CHG 450	1538299	1 ER FACILITY FEE-INTERMEDI	114.00		99283

AR BALANCE.....364.27

08/21/03

08:39 Thursday

BOONE MEMORIAL HOSPITAL

PATIENT ACCOUNT DETAIL 006600 LESTER CHRISTOPHER WAY

PAGE 2

HSHARDT

BOONE MEMORIAL HOSPITAL

701 MADISON AVE

MADISON WV 25130

PHONE: 304-369-1230 TAX ID#: 550477361

***** CHARGE SUMMARY *****

SUMMARY			DATE MED-	
CODE	DESCRIPTION	AMOUNT	DAYS	NECESSARY UNITS
36	EMERG ROOM	114.00		1.00
77	RADIOLOGY	164.00		3.00
78	PHARMACY	1.27		1.00
SL	PROF FEES-E/R	85.00		1.00
TOTAL CHARGES.....		364.27		
TOTAL ADJUSTMENTS.....		0.00		
LESS PAYMENTS.....		0.00		
AR BALANCE.....		364.27		

500688.028.0002

08/21/03
08:39 Thursday

BOONE MEMORIAL HOSPITAL
PATIENT ACCOUNT DETAIL 003370 LESTER CHRISTOPHER WAY

PAGE 1
H5ARDET

BOONE MEMORIAL HOSPITAL
701 MADISON AVE
MADISON WV 25130
PHONE: 304-369-1230 TAX ID#: 550477361

PATIENT-----		BILLING INFORMATION-----	
1 NUM/NAME--: 003370 LESTER CHRISTOPHER WAY		16 CREDIT-----	HOSP DRG.: 16
2 SEX-----: M		17 BILL-----	FINAL DRG.: 17
3 BIRTH-----: 12/23/1971		18 CYCLE-----: 2	
4 DOCTOR---: 009900 MISCELLANE		19 STAY TYPE--: 2 O/P	
5 MARITAL---: M		20 SERVICE---: X	
6 SOC.SEC.-: 233153340		21 INSURANCE--: DB FEIA/ACORDIA	-O/P
GUARANTOR-----		ADMISSION-----	
10 NAME-----: LESTER APRIL CARROLL		22 DATE-----: 5/02/03	
11 ADDRESS-1: PO BOX 1083		23 CODE-----: H	
12 ADDRESS-2:		DISCHARGE-----	
13 CITY/ST--: DANVILLE WV		25 DATE-----: 5/02/03	DAY STAY
14 ZIP-----: 25053		26 CODE-----: H	
15 PHONE-----: 3043691613			

A/R DATE	SERV DATE	TYPE TRAN CODE	CHG/REC NUMBER	QTY DESCRIPTION	CHARGE	CREDIT	MED NECESSARY CPT
05/02/03		CHG 320	4080004	1 =>US ORDER<=	.00		
05/02/03		CHG 402	4500203	1 US GALLBLADDER ULTRASOUND	246.00		76705
05/02/03		CHG 320	4080000	1 =>X-RAY ORDER<=	.00		
05/02/03		CHG 320	4000568	1 ER UPPER GI WITHOUT EUB	165.00		74240
06/16/03		PAY	17748	DB FEIA/ACORDIA -O/P		411.00	
06/17/03		PAY		MB MEDICARE -O/P		.00	
AR BALANCE.....					0.00		

500688.028.0003

08/21/03

08:39 Thursday

BOONE MEMORIAL HOSPITAL

PATIENT ACCOUNT DETAIL 003370 LESTER CHRISTOPHER MAY

PAGE 2

H5ARDET

BOONE MEMORIAL HOSPITAL

701 MADISON AVE

MADISON WV 25130

PHONE: 304-369-1230 TAX ID#: 550477361

***** CHARGE SUMMARY *****

SUMMARY

CODE	DESCRIPTION	AMOUNT	DAYS	DAYS MED- NECESSARY	UNITS
71	ULTRASOUND	246.00			1.00
77	RADIOLOGY	165.00			3.00
TOTAL CHARGES.....		411.00			
TOTAL ADJUSTMENTS.....		0.00			
LESS PAYMENTS.....		411.00			
AR BALANCE.....		0.00			

500688.028.0004

BOONE MEMORIAL HOSPITAL
 701 MADISON AVE
 MADISON WV 25130
 (304)369-1230

AUGUST 21, 2003

GUARANTOR'S # 0015830

PATIENT'S # 0735562

LESTER APRIL CARROLL
 PO BOX 1083
 DANVILLE WV 25053

LESTER CHRISTOPHER WAYNE
 PO BOX 1113
 DANVILLE WV 250531113

DATE ADMITTED : 07/28/02

DATE DISMISSED : 07/28/02

PRIMARY INSURER : COMP/UB
 (SECONDARY INSURER : COMP/PRO FEE

POLICY # 9969
 POLICY # 9969

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
 IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
 WARD TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

MED/SURG SUPPLY	34.51
IV SOLUTIONS	107.64
EMERGENCY ROOM	373.00
LABORATORY	446.00
EKG	142.00
CT SCAN	562.00
PHARMACY	5.56
RURAL HEALTH CL	256.00
	=====
TOTAL CHARGES	1,926.71
TOTAL RECEIPTS	1,337.50-
TOTAL ADJUSTMENTS	589.21-
	=====
BALANCE DUE	.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
 BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
 SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
 ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
 TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

500688.028.0005

AUGUST 21, 2003

GUARANTOR'S # 0015830
LESTER APRIL CARROLL

PATIENT'S # 0735562
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 07/28/02

DATE DISMISSED : 07/28/02

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
07/28/02	CHARGE	0050055	04	BED PAN DISPOSABLE	1	6.00
07/28/02	CHARGE	0050220	04	FOLEY CATH TRAY 18FR.	1	27.25
07/28/02	CHARGE	0050400	04	RAZOR	1	1.26
07/28/02	CHARGE	0058299	06	ER FACILITY FEE-HIGH COMP	1	373.00
07/28/02	CHARGE	0009015	08	CBC AUTOMATED DIFF	1	59.00
07/28/02	CHARGE	0080054	08	COMPREHENSIVE PANEL	1	231.00
07/28/02	CHARGE	0082949	08	GLUCOSE,WBG REAGENT STRIP	1	36.00
07/28/02	CHARGE	0000101	08	DRUG TEST PHENCYCLIDINE	1	15.00
07/28/02	CHARGE	0000102	08	DRUG TEST BENZODIAZEPINES	1	15.00
07/28/02	CHARGE	0000103	08	DRUG TEST COCAINE (SVI)	1	15.00
07/28/02	CHARGE	0000104	08	DRUG TEST AMPHETAMINES	1	15.00
07/28/02	CHARGE	0000105	08	DRUG TEST THC (SVI)	1	15.00
07/28/02	CHARGE	0000106	08	DRUG TEST OPIATES (SVI)	1	15.00
07/28/02	CHARGE	0000107	08	DRUG TEST BARBITURATES	1	15.00
07/28/02	CHARGE	0000108	08	DRUG TEST TCA	1	15.00
07/28/02	CHARGE	0000240	10	EKG-STAT & EMERGENCY ROOM	1	142.00
07/28/02	CHARGE	0070450	16	CAT-HEAD WO CONTRAST	1	562.00
07/28/02	CHARGE	0099285	43	PROFESSIONAL FEE-HIGH COM	1	238.00
07/28/02	CHARGE	0093042	43	ECG INTERP. & REPORT ONLY	1	18.00
07/29/02	CHARGE	0012429	05	IV START PACK	1	8.00
07/29/02	CHARGE	0010214	05	CLEAR CATH 20G X 1 1/4	1	4.60
07/29/02	CHARGE	0010974	05	J-LOOP IV CONNECTOR SET	1	13.00
07/29/02	CHARGE	0011595	05	PUMP SET NO FILTER 2C6537	1	35.40
07/29/02	CHARGE	0010797	05	PUMP CHARGE	1	20.00
07/29/02	CHARGE	0011769	05	SOD CHL 0.9% 1000ML BAG	1	26.64
07/29/02	CHARGE	0010294	20	SOD CHL 5ML 0.9% FLUSH	1	5.56
12/10/02	RECEIPT	CHECK		COMP/UB 00290018	08	79.24-
12/10/02	RECEIPT	CHECK		COMP/UB 00290019	08	1,090.26-
12/10/02	ADJUST			COMPENSATION OF PER 'REC'		33.96-
12/10/02	ADJUST			COMPENSATION OF PER 'REC'		485.25-
01/07/03	RECEIPT	CHECK		COMP/UB 00294453	08	168.00-
01/07/03	ADJUST			COMPENSATION OF PER 'REC'		88.00-
03/31/03	ADJUST			COMPENSATION OF		18.00
						=====
						.00

500688.028.0006

DATE : 08/21/03 08:37 PATIENT BILL LETTER SUMMARY PBILL 2.19 PAGE 1

File Selection : CURRENT & HISTORY PATIENTS

Print Method : SELECT BY PATIENT NAME

FINANCIAL TYPE	PATIENTS	TOTAL AMOUNT
1 SELF PAY	2	.00
6 WORK COMP	10	.00
INVALID TYPE	3	177.06
	=====	=====
	15	177.06

TYPE OF SERVICE	PATIENTS	TOTAL AMOUNT
01 EMERGENCY ROOM	4	25.00
02 OUT-PATIENT	2	.00
04 IN-PATIENT	1	85.00
10 PHYSICAL THER	6	.00
16 ER/RHC NON-GOV	2	67.06
	=====	=====
	15	177.06

BOONE MEMORIAL HOSPITAL
701 MADISON AVE
MADISON WV 25130
(304)369-1230

AUGUST 21, 2003

GUARANTOR'S # 0009467

PATIENT'S # 0692388

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 250531113

DATE ADMITTED : 05/22/01

DATE DISMISSED : 05/22/01

PRIMARY INSURER : COMP/UB

POLICY # 33340

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
WARDED TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

EMERGENCY ROOM	114.00
PHARMACY	11.00
	=====
TOTAL CHARGES	125.00
TOTAL RECEIPTS	125.00-
	=====
BALANCE DUE	.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

500688.028.0008

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNEPATIENT'S # 0692388
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 05/22/01

DATE DISMISSED : 05/22/01

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
05/22/01	CHARGE	0038299	06	ER FACILITY FEE-INTERMEDI	1	114.00
05/23/01	CHARGE	0010451	20	DEMOROL 50MG CARPUJECT	1	5.50
05/23/01	CHARGE	0010835	20	HYDROXYZINE 50MG 1ML VIAL	1	5.50
06/29/01	RECEIPT	CHECK		COMP/UB 00214706	08	125.00-
						=====
						.00

500688.028.0009

BOONE MEMORIAL HOSPITAL
701 MADISON AVE
MADISON WV 25130
(304)369-1230

AUGUST 21, 2003

GUARANTOR'S # 0009467

PATIENT'S # 0702701

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

DATE ADMITTED : 09/05/01

DATE DISMISSED : 09/05/01

PRIMARY INSURER : COMP/PRO FEE
SECONDARY INSURER : COMP/UB

POLICY # 23340
POLICY # 23340

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
WARDED TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

EMERGENCY ROOM	114.00
RADIOLOGY	216.00
PHARMACY	2.00
	=====
TOTAL CHARGES	332.00
TOTAL RECEIPTS	332.00
	=====
BALANCE DUE	.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

500688.028.0010

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNEPATIENT'S # 0702701
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 09/05/01

DATE DISMISSED : 09/05/01

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
09/05/01	CHARGE	0038299	06	ER FACILITY FEE-INTERMEDI	1	114.00
09/05/01	CHARGE	0000600	11	LUMBAR SPINE OBLIQUES	1	121.00
09/05/01	CHARGE	0000548	11	HIP, COMPLETE, MIN 2 VIEWS	1	95.00
09/06/01	CHARGE	0012472	20	HYDROCODONE/APAP TABLET	2	2.00
10/18/01	RECEIPT	CHECK		COMP/UB 00231449	08	116.00-
11/09/01	RECEIPT	CHECK		COMP/UB 00235422	08	216.00-
						=====
						.00

500688.028.0011

BOONE MEMORIAL HOSPITAL
 701 MADISON AVE
 MADISON WV 25130
 (304)369-1230

AUGUST 21, 2003

GUARANTOR'S # 0009467

PATIENT'S # 0674824

LESTER CHRISTOPHER WAYNE
 PO BOX 1113
 DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
 PO BOX 1113
 DANVILLE WV 250531113

DATE ADMITTED : 11/30/00

DATE DISMISSED : 12/04/00

PRIMARY INSURER : PEIA/ACORDIA

POLICY # 7969

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
 IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
 WARDERD TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

ROUTINE SVC-HDS	1,340.00
MED/SURG SUPPLY	22.91
IV SOLUTIONS	25.60
EMERGENCY ROOM	114.00
LABORATORY	30.00
RADIOLOGY	570.00
RESP THERAPY	81.00
PHARMACY	700.57
OXYGEN	301.00
RURAL HEALTH CL	85.00
	=====
TOTAL CHARGES	3,270.08
TOTAL RECEIPTS	2,353.70-
TOTAL ADJUSTMENTS	831.38-
	=====
BALANCE DUE	85.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
 BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
 SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
 ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
 TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNE

PATIENT'S # 0674824
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 11/30/00

DATE DISMISSED : 12/04/00

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
11/30/00	CHARGE	0001002	01	PRIVATE ROOM 21 22	1	335.00
11/30/00	CHARGE	0038299	06	ER FACILITY FEE-INTERMEDI	1	114.00
11/30/00	CHARGE	0000506	11	CERVICAL SPINE OBLIQUES	1	119.00
11/30/00	CHARGE	0000598	11	THORACIC SPINE, 3 VIEWS	1	69.00
11/30/00	CHARGE	0000600	11	LUMBAR SPINE OBLIQUES	1	121.00
11/30/00	CHARGE	0071110	11	RIBS, BILATERAL, 3 VIEWS	1	150.00
11/30/00	CHARGE	0099283	43	PROFESSIONAL FEE-INTERMED	1	85.00
12/01/00	CHARGE	0001002	01	PRIVATE ROOM 21 22	1	335.00
12/01/00	CHARGE	0012429	05	IV START PACK	1	8.00
12/01/00	CHARGE	0010214	05	CLEAR CATH 20G X 1 1/4	1	4.60
12/01/00	CHARGE	0010974	05	J-LOOP IV CONNECTOR SET	1	13.00
12/01/00	CHARGE	0012753	20	DEMOROL CARPUJECT 75MG	1	5.50
12/01/00	CHARGE	0013289	20	KETOROLAC TRMTH 30MG/ML	2	65.28
12/01/00	CHARGE	0010835	20	HYDROXYZINE 50MG 1ML VIAL	1	5.50
12/01/00	CHARGE	0010294	20	SOD CHL 5ML 0.9% FLUSH	1	5.56
12/01/00	CHARGE	0000410	39	OXYGEN PER HR MINIMUM	8	104.00
12/02/00	CHARGE	0001002	01	PRIVATE ROOM 21 22	1	335.00
12/03/00	CHARGE	0001002	01	PRIVATE ROOM 21 22	1	335.00
12/03/00	CHARGE	0050030	04	AQUA PAK 340	1	12.01
12/03/00	CHARGE	0050088	04	CANNULA	1	5.00
12/03/00	CHARGE	0050515	04	TOOTHPASTE	1	1.00
12/03/00	CHARGE	0050516	04	TOOTHBRUSH	1	2.65
12/03/00	CHARGE	0050828	04	BASIN, WASH	1	2.25
12/03/00	CHARGE	0001152	11	PORTABLE CHEST XRAY	1	111.00
12/03/00	CHARGE	0000439	14	AEROSOL TREATMENT	1	27.00
12/03/00	CHARGE	0000406	39	OXYGEN PER DAY-MAX	1	197.00
12/04/00	CHARGE	0081000	08	URINALYSIS, MICRO-RP	1	30.00
12/04/00	CHARGE	0000439	14	AEROSOL TREATMENT	2	54.00
12/07/00	CHARGE	0013254	20	OXYCONTIN 20MG UD	12	120.48
12/07/00	CHARGE	0013086	20	OXYCONTIN 10MG UD	28	146.72
12/07/00	CHARGE	0012847	20	AMITRIPTYLINE 25MG UD TAB	4	4.00
12/07/00	CHARGE	0012827	20	PAXIL 20MG TAB	8	79.36
12/07/00	CHARGE	0010554	20	DOCUSATE SOD 100MG CAP	7	7.00
12/07/00	CHARGE	0012830	20	LORAZEPAM 0.5MG UD	8	20.56
12/07/00	CHARGE	0010710	20	CYCLOBENZAPRINE 10MG TAB	10	38.80
12/07/00	CHARGE	0012416	20	ZITHROMAX 250MG CAP	3	69.21
12/07/00	CHARGE	0010451	20	DEMOROL 50MG CARPUJECT	12	66.00
12/07/00	CHARGE	0012641	20	DEMOROL 25MG CARPUJECT	2	11.00
12/07/00	CHARGE	0010294	20	SOD CHL 5ML 0.9% FLUSH	10	55.60
02/06/01	RECEIPT	CHECK		PEIA/ACORDIA 00192618 RK		2,353.70
02/06/01	ADJUST			PEIA I/P CO ADJ PER REC		831.38
						=====
						85.00

500688.028.0013

BOONE MEMORIAL HOSPITAL
701 MADISON AVE
MADISON WV 25130
(304)369-1230

AUGUST 21, 2003

GUARANTOR'S # 0009467

PATIENT'S # 0665938

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

DATE ADMITTED : 09/12/00

DATE DISMISSED : 09/12/00

PRIMARY INSURER : COMP/PRO FEE
SECONDARY INSURER : COMP/UB

POLICY # [REDACTED] 8340
POLICY # [REDACTED] 8340

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
WARDED TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

CT SCAN	1,757.00
	=====
TOTAL CHARGES	1,757.00
TOTAL RECEIPTS	900.00-
TOTAL ADJUSTMENTS	857.00-
	=====
BALANCE DUE	.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNEPATIENT'S # 0665938
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 09/12/00

DATE DISMISSED : 09/12/00

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
09/12/00	CHARGE	0072141	16	MRI CERVICAL	1	874.00
09/12/00	CHARGE	0072148	16	MRI LUMBAR SPINE	1	883.00
02/02/01	RECEIPT	CHECK		COMP/PRO FEE 00191602 HB		900.00
02/02/01	ADJUST			COMPENSATION OF PER 'REC'		857.00
						=====
						.00

500688.028.0015

BOONE MEMORIAL HOSPITAL
 701 MADISON AVE
 MADISON WV 25130
 (304)369-1230

AUGUST 21, 2003

GUARANTOR'S # 0009467

PATIENT'S # 0665937

LESTER CHRISTOPHER WAYNE
 PO BOX 1113
 DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
 PO BOX 1113
 DANVILLE WV 250531113

DATE ADMITTED : 09/01/00

DATE DISMISSED : 09/30/00

PRIMARY INSURER : COMP/PRO FEE
 SECONDARY INSURER : COMP/UB

POLICY # [REDACTED] 3340
 POLICY # [REDACTED] 3340

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
 IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
 WARDED TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

PHYSICAL THER	123.00
	=====
TOTAL CHARGES	123.00
TOTAL RECEIPTS	75.34-
TOTAL ADJUSTMENTS	47.66-
	=====
BALANCE DUE	.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
 BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
 SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
 ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
 TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNEPATIENT'S # 0665937
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 09/01/00

DATE DISMISSED : 09/30/00

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
09/06/00	CHARGE	0000038	15	ICE OR COLD PACKS	2	82.00
09/06/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	41.00
05/10/01	RECEIPT	CHECK		COMP/PRO FEE 00207481 HB		75.34-
05/10/01	ADJUST			COMPENSATION OP PER 'REC'		47.66-
						=====
						.00

500688.028.0017

BOONE MEMORIAL HOSPITAL
701 MADISON AVE
MADISON WV 25130
(304)369-1230

AUGUST 21, 2003

GUARANTOR'S # 0009467

PATIENT'S # 0665937

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 250531113

DATE ADMITTED : 08/31/00

DATE DISMISSED : 08/31/00

PRIMARY INSURER : COMP/PRO FEE
SECONDARY INSURER : COMP/UB

POLICY # [REDACTED] 3340
POLICY # [REDACTED] 3340

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
WARDED TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

PHYSICAL THER	204.00
	=====
TOTAL CHARGES	204.00
TOTAL RECEIPTS	161.84-
TOTAL ADJUSTMENTS	42.16-
	=====
BALANCE DUE	.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNEPATIENT'S # 0665937
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 08/31/00

DATE DISMISSED : 08/31/00

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
08/31/00	CHARGE	0000017	15	ORTHOPEDIC ASSESSMENT	1	76.00
08/31/00	CHARGE	0000035	15	HOT PACKS	1	41.00
08/31/00	CHARGE	0000038	15	ICE OR COLD PACKS	1	41.00
08/31/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	1	46.00
05/10/01	RECEIPT	CHECK		COMP/PRO FEE 00207480 HB		161.84-
05/10/01	ADJUST			COMPENSATION OP PER 'REC'		42.16-
						=====
						.00

500688.028.0019

BOONE MEMORIAL HOSPITAL
701 MADISON AVE
MADISON WV 25130
(304)369-1230

AUGUST 21, 2003

GUARANTOR'S # 0009467

PATIENT'S # 0665935

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

DATE ADMITTED : 08/30/00

DATE DISMISSED : 08/30/00

PRIMARY INSURER : COMP/UB
SECONDARY INSURER : COMP/PRO FEE

POLICY # [REDACTED] 3340
POLICY # [REDACTED] 3340

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
WARDED TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

RADIOLOGY	133.00
	=====
TOTAL CHARGES	133.00
TOTAL RECEIPTS	133.00-
	=====
BALANCE DUE	.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

500688.028.0020

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNEPATIENT'S # 0665935
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 08/30/00

DATE DISMISSED : 08/30/00

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
08/30/00	CHARGE	0071100	11	RIBS, UNILATERAL, 2 VIEWS	1	67.00
08/30/00	CHARGE	0073050	11	ACROMIOCLAVICULAR JTS BIL	1	66.00
02/02/01	RECEIPT	CHECK		COMP/UB 00191601	08	133.00
						=====
						.00

500688.028.0021

BOONE MEMORIAL HOSPITAL
 701 MADISON AVE
 MADISON WV 25130
 (304)369-1230

AUGUST 21, 2003

GUARANTOR'S # 0009467

PATIENT'S # 0663721

LESTER CHRISTOPHER WAYNE
 PO BOX 1113
 DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
 PO BOX 1113
 DANVILLE WV 250531113

DATE ADMITTED : 08/04/00

DATE DISMISSED : 08/04/00

PRIMARY INSURER : PEIA/ACORDIA

POLICY # [REDACTED] 9969

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
 IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
 WARDERD TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

EMERGENCY ROOM	145.00
LABORATORY	53.00
PHARMACY	144.42
	=====
TOTAL CHARGES	342.42
TOTAL RECEIPTS	195.86-
TOTAL ADJUSTMENTS	121.56-
	=====
BALANCE DUE	25.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
 BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
 SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
 ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
 TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNE

PATIENT'S # 0663721
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 08/04/00

DATE DISMISSED : 08/04/00

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
08/04/00	CHARGE	0048299	06	ER FACILITY FEE-EXTENDED	1	145.00
08/04/00	CHARGE	0087083	08	STREP SCREEN	1	53.00
08/07/00	CHARGE	0011689	20	ROCEPHIN 1GM VIAL	1	133.88
08/07/00	CHARGE	0012131	20	XYLOCAINE 1% 20ML VIAL	1	9.44
08/07/00	CHARGE	0012790	20	ACETAMINOPHEN 325MG TAB	1	1.00
02/14/01	RECEIPT	CHECK		PEIA/ACORDIA 00193723 RK		195.86-
02/14/01	ADJUST			PEIA O/P CON AD PER 'REC'		121.56-
						=====
						25.00

500688.028.0023

BOONE MEMORIAL HOSPITAL
701 MADISON AVE
MADISON WV 25130
(304)369-1230

AUGUST 21, 2003

GUARANTOR'S # 0009467

PATIENT'S # 0663626

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 250531113

DATE ADMITTED : 08/03/00

DATE DISMISSED : 08/03/00

PRIMARY INSURER : COMP/UB
SECONDARY INSURER : COMP/PRO FEE

POLICY # [REDACTED] 3340
POLICY # [REDACTED] 3340

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
WARDED TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

EMERGENCY ROOM	145.00
RADIOLOGY	424.00
PHARMACY	11.58
	=====
TOTAL CHARGES	580.58
TOTAL RECEIPTS	580.58-
	=====
BALANCE DUE	.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNE

PATIENT'S # 0663626
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 08/03/00

DATE DISMISSED : 08/03/00

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
08/03/00	CHARGE	0048299	06	ER FACILITY FEE-EXTENDED	1	145.00
08/03/00	CHARGE	0000546	11	CHEST, PA AND LATERAL	1	81.00
08/03/00	CHARGE	0071100	11	RIBS, UNILATERAL, 2 VIEWS	1	67.00
08/03/00	CHARGE	0000600	11	LUMBAR SPINE OBLIQUES	1	108.00
08/03/00	CHARGE	0000506	11	CERVICAL SPINE OBLIQUES	1	106.00
08/03/00	CHARGE	0000598	11	THORACIC SPINE, 3 VIEWS	1	62.00
08/03/00	CHARGE	0099282	43	PROFESSIONAL FEE-LIMITED	1	55.00
08/03/00	CHARGE	0099282	43	PROFESSIONAL FEE-LIMITED	1	55.00
08/04/00	CHARGE	0011394	20	NUBAIN 10MG 1ML AMP	1	6.08
08/04/00	CHARGE	0010835	20	HYDROXYZINE 50MG 1ML VIAL	1	5.50
02/23/01	RECEIPT	CHECK		COMP/UB 00195535	08	246.58
02/23/01	RECEIPT	CHECK		COMP/UB 00195536	08	334.00
						=====
						.00

500688.028.0025

BOONE MEMORIAL HOSPITAL
701 MADISON AVE
MADISON WV 25130
(304)369-1230

AUGUST 21, 2003

GUARANTOR'S # 0009467

PATIENT'S # 0652045

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

DATE ADMITTED : 06/01/00

DATE DISMISSED : 06/30/00

PRIMARY INSURER : COMP/UB
SECONDARY INSURER : COMP/PRO FEE

POLICY # 3340
POLICY # 3340

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
WARDED TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

PHYSICAL THER	542.00
	=====
TOTAL CHARGES	542.00
TOTAL RECEIPTS	183.53-
TOTAL ADJUSTMENTS	358.47-
	=====
BALANCE DUE	.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNE

PATIENT'S # 0652045
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 06/01/00

DATE DISMISSED : 06/30/00

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
06/13/00	CHARGE	0000035	15	HOT PACKS	1	38.00
06/13/00	CHARGE	0000038	15	ICE OR COLD PACKS	1	38.00
06/13/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
06/13/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	2	76.00
06/19/00	CHARGE	0097002	15	PT RE-EVALUATION	1	68.00
06/19/00	CHARGE	0000038	15	ICE OR COLD PACKS	2	76.00
06/19/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
06/19/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	2	76.00
03/07/02	RECEIPT	CHECK		COMP/PRO FEE	H8	71.22-
03/07/02	RECEIPT	CHECK		COMP/PRO FEE	H8	62.09-
03/07/02	RECEIPT	CHECK		COMP/PRO FEE	H8	50.22-
03/07/02	ADJUST			COMPENSATION OP PER 'REC'		89.78-
03/07/02	ADJUST			COMPENSATION OP PER 'REC'		242.91-
03/07/02	ADJUST			COMPENSATION OP PER 'REC'		25.78-
						=====
						.00

500688.028.0027

BOONE MEMORIAL HOSPITAL
701 MADISON AVE
MADISON WV 25130
(304)369-1230

AUGUST 21, 2003

GUARANTOR'S # 0009467

PATIENT'S # 0652045

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

DATE ADMITTED : 05/01/00

DATE DISMISSED : 05/31/00

PRIMARY INSURER : COMP/UB
SECONDARY INSURER : COMP/PRO FEE

POLICY # [REDACTED] 3340
POLICY # [REDACTED] 3340

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
WARDED TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

PHYSICAL THER	2,278.50
	=====
TOTAL CHARGES	2,278.50
TOTAL RECEIPTS	888.67-
TOTAL ADJUSTMENTS	1,389.83-
	=====
BALANCE DUE	.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNE

PATIENT'S # 0652045
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 05/01/00

DATE DISMISSED : 05/31/00

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
05/01/00	CHARGE	0000035	15	HOT PACKS	2	76.00
05/01/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
05/01/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
05/03/00	CHARGE	0000035	15	HOT PACKS	1	38.00
05/03/00	CHARGE	0000038	15	ICE OR COLD PACKS	1	38.00
05/03/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	1	42.50
05/03/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	2	76.00
05/04/00	CHARGE	0000035	15	HOT PACKS	1	38.00
05/04/00	CHARGE	0000038	15	ICE OR COLD PACKS	1	38.00
05/04/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	1	42.50
05/04/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	2	76.00
05/09/00	CHARGE	0097002	15	PT RE-EVALUATION	1	68.00
05/09/00	CHARGE	0000035	15	HOT PACKS	1	38.00
05/09/00	CHARGE	0000038	15	ICE OR COLD PACKS	1	38.00
05/09/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	1	42.50
05/09/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	2	76.00
05/12/00	CHARGE	0000017	15	ORTHOPEDIC ASSESSMENT	1	70.00
05/12/00	CHARGE	0000035	15	HOT PACKS	2	76.00
05/12/00	CHARGE	0000038	15	ICE OR COLD PACKS	1	38.00
05/12/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
05/12/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	2	76.00
05/15/00	CHARGE	0000035	15	HOT PACKS	1	38.00
05/15/00	CHARGE	0000038	15	ICE OR COLD PACKS	1	38.00
05/15/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
05/15/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	2	76.00
05/18/00	CHARGE	0000038	15	ICE OR COLD PACKS	2	76.00
05/18/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	2	76.00
05/22/00	CHARGE	0097002	15	PT RE-EVALUATION	1	68.00
05/22/00	CHARGE	0000035	15	HOT PACKS	1	38.00
05/22/00	CHARGE	0000038	15	ICE OR COLD PACKS	1	38.00
05/22/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
05/22/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	2	76.00
05/25/00	CHARGE	0000038	15	ICE OR COLD PACKS	2	76.00
05/25/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	1	42.50
05/25/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	2	76.00
05/31/00	CHARGE	0000038	15	ICE OR COLD PACKS	2	76.00
05/31/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	1	42.50
05/31/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	2	76.00
07/31/00	RECEIPT	CHECK		COMP/PRO FEE 00166547	HB	106.84
07/31/00	RECEIPT	CHECK		COMP/PRO FEE 00166548	HB	659.02
07/31/00	ADJUST			COMPENSATION OP PER 'REC'		134.66
07/31/00	ADJUST			COMPENSATION OP PER 'REC'		579.98
08/01/00	ADJUST			COMPENSATION OP		266.00
03/07/02	RECEIPT	CHECK		COMP/PRO FEE	HB	35.61
03/07/02	RECEIPT	CHECK		COMP/PRO FEE	HB	87.20
03/07/02	ADJUST			COMPENSATION OP PER 'REC'		82.89
03/07/02	ADJUST			COMPENSATION OP PER 'REC'		217.80
03/18/02	ADJUST			COMPENSATION OP		108.50
						=====
						.00

500688.028.0029

701 MADISON AVE
MADISON
(304)369-1230

WV 25130

AUGUST 21, 2003

GUARANTOR'S # 0009467

PATIENT'S # 0652045

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 250531113

DATE ADMITTED : 04/01/00

DATE DISMISSED : 04/30/00

PRIMARY INSURER : COMP/UB
SECONDARY INSURER : COMP/PRO FEE

POLICY # 3340
POLICY # 3340

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
WARDED TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

PHYSICAL THER	2,244.50
	=====
TOTAL CHARGES	2,244.50
TOTAL RECEIPTS	602.22-
TOTAL ADJUSTMENTS	1,642.28-
	=====
BALANCE DUE	.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

500688.028.0030

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNE

PATIENT'S # 0652045
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 04/01/00

DATE DISMISSED : 04/30/00

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
04/03/00	CHARGE	0097002	15	PT RE-EVALUATION	1	68.00
04/03/00	CHARGE	0000035	15	HOT PACKS	1	38.00
04/03/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	1	42.50
04/03/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
04/05/00	CHARGE	0000035	15	HOT PACKS	2	76.00
04/05/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
04/05/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
04/05/00	CHARGE	0000035	15	HOT PACKS	2-	76.00-
04/05/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2-	85.00-
04/05/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1-	38.00-
04/06/00	CHARGE	0000035	15	HOT PACKS	2	76.00
04/06/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
04/06/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
04/06/00	CHARGE	0000035	15	HOT PACKS	2-	76.00-
04/06/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2-	85.00-
04/06/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1-	38.00-
04/06/00	CHARGE	0000035	15	HOT PACKS	2	76.00
04/06/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
04/06/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
04/11/00	CHARGE	0000035	15	HOT PACKS	2	76.00
04/11/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
04/11/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
04/13/00	CHARGE	0000035	15	HOT PACKS	2	76.00
04/13/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
04/13/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
04/14/00	CHARGE	0000035	15	HOT PACKS	2	76.00
04/14/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
04/14/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
04/18/00	CHARGE	0000035	15	HOT PACKS	2	76.00
04/18/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
04/18/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
04/19/00	CHARGE	0097002	15	PT RE-EVALUATION	1	68.00
04/19/00	CHARGE	0000035	15	HOT PACKS	2	76.00
04/19/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
04/19/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
04/25/00	CHARGE	0000035	15	HOT PACKS	2	76.00
04/25/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
04/25/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
04/25/00	CHARGE	0000035	15	HOT PACKS	2	76.00
04/25/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
04/25/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
04/27/00	CHARGE	0000035	15	HOT PACKS	2	76.00
04/27/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
04/27/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
04/28/00	CHARGE	0000035	15	HOT PACKS	2	76.00
04/28/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	2	85.00
04/28/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
06/15/00	RECEIPT	CHECK		COMP/PRO FEE 00160710 HB		602.22
06/15/00	ADJUST			COMPENSATION OP PER REC		1,672.88

:00

500688.028.0031

BOONE MEMORIAL HOSPITAL
701 MADISON AVE
MADISON WV 25130
(304)369-1230

AUGUST 21, 2003

GUARANTOR'S # 0009467

PATIENT'S # 0652045

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

DATE ADMITTED : 03/28/00

DATE DISMISSED : 03/31/00

PRIMARY INSURER : COMP/UB
SECONDARY INSURER : COMP/PRO FEE

POLICY # [REDACTED] 3340
POLICY # [REDACTED] 3340

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
WARDED TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

PHYSICAL THER	539.50
=====	
TOTAL CHARGES	539.50
TOTAL RECEIPTS	198.76-
TOTAL ADJUSTMENTS	340.74-
=====	
BALANCE DUE	.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

500688.028.0032

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNE

PATIENT'S # 0652045
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 03/28/00

DATE DISMISSED : 03/31/00

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
03/28/00	CHARGE	0000017	15	ORTHOPEDIC ASSESSMENT	1	70.00
03/28/00	CHARGE	0000035	15	HOT PACKS	2	76.00
03/28/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	1	42.50
03/28/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
03/30/00	CHARGE	0000035	15	HOT PACKS	2	76.00
03/30/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	1	42.50
03/30/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
03/31/00	CHARGE	0000035	15	HOT PACKS	2	76.00
03/31/00	CHARGE	0097014	15	ELECTRICAL STIM-UNATTENDE	1	42.50
03/31/00	CHARGE	0000061	15	THERAPEUTIC PROC/EXER 15	1	38.00
06/02/00	RECEIPT	CHECK		COMP/PRO FEE 00158877 HB		198.76-
06/02/00	ADJUST			COMPENSATION OP PER 'REC'		340.74-
						=====
						.00

500688.028.0033

701 MADISON AVE
MADISON
(304)369-1230

WV 25130

AUGUST 21, 2003

GUARANTOR'S # 0009467

PATIENT'S # 0645984

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

DATE ADMITTED : 01/23/00

DATE DISMISSED : 01/23/00

PRIMARY INSURER : PEIA/BCBS

POLICY # PPBS 39969PPB

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
WARDED TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

EMERGENCY ROOM	134.00
PHARMACY	35.85
RURAL HEALTH CL	55.00
	=====
TOTAL CHARGES	224.85
TOTAL RECEIPTS	68.25-
TOTAL ADJUSTMENTS	89.54-
	=====
BALANCE DUE	67.06

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

500688.028.0034

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNEPATIENT'S # 0645984
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 01/23/00

DATE DISMISSED : 01/23/00

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
01/23/00	CHARGE	0048299	06	ER FACILITY FEE-EXTENDED	1	134.00
01/23/00	CHARGE	0099282	43	PROFESSIONAL FEE-LIMITED	1	55.00
01/24/00	CHARGE	0005134	20	BICILLIN CR 1200MU TUBEX	1	35.85
02/25/00	RECEIPT	CHECK		PEIA/BCBS 00144608	XB	29.44-
02/25/00	RECEIPT	CHECK		PEIA/BCBS 00144625	XB	38.81-
02/25/00	ADJUST			PEIA O/P CON AD PER 'REC'		18.20-
02/25/00	ADJUST			PEIA O/P CON AD PER 'REC'		71.34-
						=====
						67.06

500688.028.0035

701 MADISON AVE
MADISON WV 25130
(304)369-1230

AUGUST 21, 2003

GUARANTOR'S # 0009467

PATIENT'S # 0633307

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

DATE ADMITTED : 09/01/99

DATE DISMISSED : 09/01/99

PRIMARY INSURER : PEIA/BCBS

POLICY # PPBS 99969FPB

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
WARDED TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

MED/SURG SUPPLY	6.00
EMERGENCY ROOM	134.00
RADIOLOGY	51.00
PHARMACY	18.73
	=====
TOTAL CHARGES	209.73
TOTAL RECEIPTS	19.02-
TOTAL ADJUSTMENTS	190.71-
	=====
BALANCE DUE	.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

500688.028.0036

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNE

PATIENT'S # 0633307
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 09/01/99

DATE DISMISSED : 09/01/99

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
09/01/99	CHARGE	0050007	04	ACE BANDAGE 4"	1	6.00
09/01/99	CHARGE	0048299	06	ER FACILITY FEE-EXTENDED	1	134.00
09/01/99	CHARGE	0000558	11	FOOT, COMPLETE, MIN 3 VIEWS	1	51.00
09/02/99	CHARGE	0011879	20	TETANUS/DIPHTH ADULT TUBEX	1	18.73
09/24/99	ADJUST			PEIA O/P CON AD		22.94
10/04/99	RECEIPT	CHECK		PEIA/BCBS 00124546 X8		19.02
10/04/99	ADJUST			PEIA O/P CON AD PER 'REC'		66.67
11/10/99	ADJUST			CHARITY O/P ADJ		101.10
						=====
						.00

500688.028.0037

BODNE MEMORIAL HOSPITAL
 701 MADISON AVE
 MADISON WV 25130
 (304)369-1230

AUGUST 21. 2003

GUARANTOR'S # 0009467

PATIENT'S # 0561514

LESTER CHRISTOPHER WAYNE
 PO BOX 1113
 DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
 PO BOX 1113
 DANVILLE WV 25053-1113

DATE ADMITTED : 02/05/97

DATE DISMISSED : 02/05/97

PRIMARY INSURER : CARELINK HEALTH PLAN POLICY # 996901

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
 IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
 WARDED TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

MED/SURG SUPPLY	16.75
IV SOLUTIONS	122.84
EMERGENCY ROOM	901.00
LABORATORY	613.00
EKG	327.00
RADIOLOGY	87.00
ULTRASOUND	193.00
CARDIAC MONITOR	183.00
PHARMACY	28.24
OBSERVATION	179.00
OXYGEN	96.00

TOTAL CHARGES	2,146.83
TOTAL RECEIPTS	1,629.51
TOTAL ADJUSTMENTS	467.92
BALANCE DUE	50.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
 BE BILLED WHILE WE ARE WAITING A RESPONSE FROM YOUR CARRIER. IN-
 SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
 ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
 TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

500688.028.0038

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNE

PATIENT'S # 0561514
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 02/05/97

DATE DISMISSED : 02/05/97

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
02/05/97	CHARGE	0050828	04	BASIN, WASH	1	2.25
02/05/97	CHARGE	0050030	04	AQUA PAK 340	1	12.00
02/05/97	CHARGE	0050550	04	URINAL	1	2.50
02/05/97	CHARGE	0010411	05	DSW 500ML BAG 2B0063Q	1	24.96
02/05/97	CHARGE	0012429	05	IV START PACK	2	16.00
02/05/97	CHARGE	0010214	05	CLEAR CATH 20G X 1 1/4	2	20.48
02/05/97	CHARGE	0010974	05	J-LOOP IV CONNECTOR SET	2	26.00
02/05/97	CHARGE	0011595	05	PUMP SET NO FILTER 2C6537	1	35.40
02/05/97	CHARGE	0002405	06	EMERGENCY ROOM	1	301.00
02/05/97	CHARGE	0080062	08	*cardiac enzymes*	1	116.00
02/05/97	CHARGE	0081000	08	URINALYSIS, MICRO-RP	1	24.00
02/05/97	CHARGE	0080062	08	*cardiac enzymes*	1	116.00
02/05/97	CHARGE	0080070	08	*thyroid profile*	1	65.00
02/05/97	CHARGE	0080015	08	CBC AUTOMATED DIFF	1	46.00
02/05/97	CHARGE	0080019	08	*chem profile 20*	1	170.00
02/05/97	CHARGE	0082552	08	CPK ISOENZYMES (CK-MB)	1	51.00
02/05/97	CHARGE	0085730	08	PTT	1	25.00
02/05/97	CHARGE	0000240	10	EKG-STAT & EMERGENCY ROOM	1	112.00
02/05/97	CHARGE	0000240	10	EKG-STAT & EMERGENCY ROOM	1	112.00
02/05/97	CHARGE	0001030	10	EKG-ROUTINE	1	103.00
02/05/97	CHARGE	0001152	11	PORTABLE CHEST XRAY	1	87.00
02/05/97	CHARGE	0000201	12	ABDOMINAL ULTRASOUND	1	193.00
02/05/97	CHARGE	0001158	19	LIFE PACK-5 MONITOR	1	125.00
02/05/97	CHARGE	0001035	19	ER CARDIAC MONITOR	1	58.00
02/05/97	CHARGE	0011206	20	MORPHINE 10MG TUBEX	1	5.50
02/05/97	CHARGE	0012843	20	MYGEL II SUSPENSION 120Z	30	.90
02/05/97	CHARGE	0010584	20	DONNATAL ELIXIR 120ML	10	2.20
02/05/97	CHARGE	0011031	20	LIDOCAINE VISC 2% 20ML	1	5.04
02/05/97	CHARGE	0010294	20	SOD CHL 5ML 0.9% FLUSH	1	5.56
02/05/97	CHARGE	0005016	20	ALPRAZOLAM 0.5MG TAB	3	8.04
02/05/97	CHARGE	0010554	20	DOCUSATE SOD 100MG CAP	1	1.00
02/05/97	CHARGE	0002406	38	OBSERVATION CARE 1ST HOUR	1	88.00
02/05/97	CHARGE	0002407	38	OBSERVATION CARE 2-24 HRS	13	91.00
02/05/97	CHARGE	0000407	39	OXYGEN INSTALLATION	1	36.00
02/05/97	CHARGE	0000410	39	OXYGEN PER HR MINIMUM	6	60.00
06/19/97	RECEIPT	CHECK		CARELINK HEAL 00020105	8F	1,629.51
06/19/97	ADJUST			PEIA D/P CON AD PER 'REC'		467.82
						=====
						50.00

500688.028.0039

701 MADISON AVE
MADISON
(304)369-1230

WV 25130

AUGUST 21, 2003

GUARANTOR'S # 0009467

PATIENT'S # 0566180

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 25053-1113

LESTER CHRISTOPHER WAYNE
PO BOX 1113
DANVILLE WV 250531113

DATE ADMITTED : 04/14/97

DATE DISMISSED : 04/14/97

PRIMARY INSURER : CARELINK HEALTH PLAN POLICY # 996901

THIS IS A SUMMARY OF CHARGES INCURRED DURING YOUR RECENT VISIT.
IF PROOF OF INSURANCE COVERAGE WAS PROVIDED, OUR BILL WILL BE FOR-
WARDED TO YOUR INSURANCE CARRIER FOR THE TOTAL CHARGES INCURRED.

IV SOLUTIONS	95.24
EMERGENCY ROOM	269.00
LABORATORY	123.00
EKG	112.00
RADIOLOGY	152.00
PHARMACY	4.12
	=====
TOTAL CHARGES	755.36
TOTAL RECEIPTS	540.09-
TOTAL ADJUSTMENTS	165.27-
	=====
BALANCE DUE	50.00

ALL INSURANCE BENEFITS ARE ASSIGNED TO THE HOSPITAL. YOU WILL NOT
BE BILLED WHILE WE ARE AWAITING A RESPONSE FROM YOUR CARRIER. IN-
SURANCE PAYMENTS WILL BE DEDUCTED FROM YOUR TOTAL OUTSTANDING BAL-
ANCE. YOU WILL BE BILLED FOR ANY REMAINING BALANCE DUE.

IF NO INSURANCE WAS APPLICABLE ON YOUR ACCOUNT, YOUR PROMPT REMIT-
TANCE OF THE ABOVE AMOUNT WILL BE APPRECIATED!

AUGUST 21, 2003

GUARANTOR'S # 0009467
LESTER CHRISTOPHER WAYNE

PATIENT'S # 0566180
LESTER CHRISTOPHER WAYNE

DATE ADMITTED : 04/14/97

DATE DISMISSED : 04/14/97

SRV-DATE	DET-TYPE	PRC-NUM	DEPT	DESCRIPTION	QTY	AMOUNT
04/14/97	CHARGE	0012429	05	IV START PACK	1	8.00
04/14/97	CHARGE	0010214	05	CLEAR CATH 20G X 1 1/4	1	10.24
04/14/97	CHARGE	0010974	05	J-LOOP IV CONNECTOR SET	1	13.00
04/14/97	CHARGE	0011595	05	PUMP SET NO FILTER 2C6537	1	35.40
04/14/97	CHARGE	0010416	05	D5W NS 1000ML BAG 2B1064	1	28.60
04/14/97	CHARGE	0002402	06	EMERGENCY ROOM REG 2 HR	1	269.00
04/14/97	CHARGE	0009015	08	CBC AUTOMATED DIFF	1	46.00
04/14/97	CHARGE	0009005	08	*chem profile 6*	1	77.00
04/14/97	CHARGE	0000240	10	EKG-STAT & EMERGENCY ROOM	1	112.00
04/14/97	CHARGE	0000506	11	CERVICAL SPINE OBLIQUES	1	93.00
04/14/97	CHARGE	0071100	11	RIBS, UNILATERAL, 2 VIEWS	1	59.00
04/14/97	CHARGE	0012837	20	ACETAMIN/COD TAB #3 U/D	1	1.00
04/14/97	CHARGE	0012472	20	HYDROCODONE/APAP TABLET	2	3.12
05/16/97	RECEIPT	CHECK		CARELINK HEAL 00016591	BF	540.09-
05/16/97	ADJUST			PEIA O/P CON AD PER 'REC'		165.27-
						=====
						50.00

500688.028.0041



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Christopher Wayne Lester

FROM: Tony C. Majestro, M.D.
415 Morris Street, Suite 104
Charleston, WV 25301
(304) 343-4691

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688078-0001
THROUGH 500688078-0004.

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Case No. C-1-01-428

Michael W. Harris

: Southern District Court

vs.

: County of Hamilton

Purdue Pharma L.P., et al

: State of Ohio

Records pertaining to: Christopher Wayne Lester

Custodian of Records For: Tony C. Majestro, M.D.

I have conducted a thorough search of our files for the requested records, including but not limited to: patient intake forms and health questionnaires, and/or consent forms, and/or physical examination records, and/or x-rays, and/or pathology slides and/or blocks, and/or all nurses notes and physicians notes, and/or treatment records and reports, and/or prescription records, and/or third-party consultation records, and/or records of treatment at hospitals and other health care providers, and/or test results from outside laboratories, and/or itemized billing records, and/or insurance claims forms, and or personnel records and/or payroll records, and/or academic records, and/or correspondence.

I certify that nothing has been removed from the original file before releasing copies of these records or the originals. The records I am releasing are the original records or exact duplicates of the original records and include each and every record contained in the file on the above-named individual.

Cathryn Raymond
AFFIANT

WITNESS

8-25-03
DATE

MAJESTRO & MOLINA, M.D., INC.

Orthopedic Surgery
(304) 343-4691
FEIN 54-1178210

Suite 104-General Medical Pavilion
415 Morris Street
Charleston, W. Va. 25301

ACCOUNT #: 13918

DATE: 11/30/95

NAME: CHRISTOPHER W LESTER

BD: [REDACTED] 7/71

AGE: 23

SEX: M

ADDRESS: P. O. BOX 21

INSURANCE: C WORKERS COMP FUND

HEWETT WV 25108

RESP. PARTY:

PAT. SS#: [REDACTED] 5-3340

PHONE: (H) (304) 369-2432
(W)

EMPLOYER: TRI STATE HOME CENTER

REFERRING DOCTOR:

Dr. Chinundtet

8-10-94

COMPLAINT:

right shoulder

DOI:

11/30/95 See letter to Comp. this date. TCM/wj

500688.078.0001

TONY C. MAJESTRO, M. D., INC.

MANUEL E. MOLINA, M. D.

CHARLESTON, WEST VIRGINIA 25301

SUITE 104-GENERAL MEDICAL PAVILION
ORTHOPEDIC SURGERY

415 MORRIS STREET
TELEPHONE 343-4691

November 30, 1995

Prabhond Chinuntdet, M. D.
623 Madison Avenue
Madison, West Virginia 25130

Re: Christopher W. Lester
S.S. [REDACTED] 3340
Cl. No.: 95-0006803
D.O.I.: 08/10/94

Dear Dr. Chinuntdet:

This 23-year-old male is seen today for a consultation evaluation for weakness of his right shoulder. The patient was involved in an accident while at work on August 10, 1994. At that time he states he was walking with a six foot header weighing approximately 150 lbs. and apparently the bank gave out, causing him to fall and twist his left ankle. He sustained a mild compression fracture of the T11 vertebra involving approximately 25% of the height of the vertebral body. The patient had no complaints of discomfort in his right shoulder or complaints of any weakness while he was under the treatment of Dr. Chinuntdet.

He was evaluated by Dr. Loimil and was seen by Dr. Hills on several occasions, and at no time did he complain of any discomfort or weakness of his right shoulder. He was seen for a functional capacity evaluation at rehabilitation at Logan General Hospital, and at that time was noted to have 15% weakness in his right extremity as compared to the left. The patient does recall the header bouncing off his shoulder blade at the time of injury. The patient is right handed.

He states that he has some mild discomfort intermittently over the anterior chest, and complains of some mild discomfort in the posterior scapular area and trapezius muscle.

Routine x-rays of the right shoulder taken in the office, AP and lateral, are completely within normal limits.

Clinical Exam: Patient presents as a well-developed, well-nourished male who is cooperative on exam. He has full range of motion of the cervical spine without any evidence of radiculopathy. There are some complaints of mild tenderness to palpation over the trapezius muscle. There is no atrophy of the posterior scapular muscles. The patient is quite muscular, and circumference of the right arm measures 39 cm as compared to 36 on the left. His forearm measures 34 cm as compared to 32 on the left. He has calluses in his right hand which indicates he's

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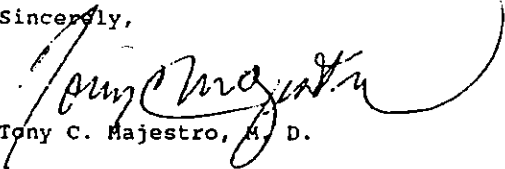
Re: Christopher Lester
November 30, 1995
Page Two

doing some type of manual labor. When he is asked to actively elevate his shoulder, he does not fully elevate or abduct the shoulder. However, passively he has full range of motion in extension, abduction, forward elevation and internal and external rotation. He has no evidence of any impingement syndrome or instability of the glenohumeral joint. Biceps and triceps reflexes are symmetrical. Sensation is normal to pinprick. Grip strength is diminished on gross testing, but his effort does not appear to be optimal.

Impression: Probable mild soft tissue injury of right shoulder.

Disposition: This patient probably did sustain a mild soft tissue injury of the right shoulder and anterior chest wall muscle. However, his past medical file does not indicate any complaints of discomfort or weakness in the extremity in the past. Furthermore, exams by physicians Dr. Loimil and Dr. Hills did not reveal any complaints of discomfort or weakness. He was noted to have full range of motion of his shoulders on his evaluation by Dr. Hills. He shows no evidence of any objective impairment which relates to his right shoulder, and his complaints of weakness are not substantiated by any objective physical findings. Furthermore, 3 cm difference of the right arm and 2 cm of the right forearm with calluses in his hands, would lead me to conclude that he's using his right extremity without any difficulty. Therefore, at the present time I find no evidence of any objective impairment which relates to his right shoulder or upper extremity, and I do not feel he is in need of any specific treatment for his shoulder or upper extremity.

Sincerely,


Tony C. Majestro, M.D.

TCM/wj

xc: Workers' Compensation
CRA Managed Care

08/15/03

PATIENT FINANCIAL HISTORY BY DT SERVICE

Page 1

TONY C. MAJESTRO, M.D., INC.

Accounts 13918 - 13918 All Dates

Acct	Date	Dep #	Name	Dr#	Procedure	Ref Dt	Diag	Units	Amount		
13918			LESTER, CHRISTOPHER		Previous Balance :				0.00		
	11/30/95	0	LESTER, CHRISTOPHER	1	99274		2ND OPINION-COMPHE	840.9	1.00	144.13	
	11/30/95	0	LESTER, CHRISTOPHER	1	73030		SHOULDER-TWO VIEWS	840.9	1.00	40.29	
	01/19/96		Check Payment	11/30			Ins #3			-184.41	
	01/19/96		Adjustment (5)	11/30			WORKERS COMP ADJ.			-0.01	
TOTALS FOR ACCOUNT 13918				PAYMENTS :	184.41	ADJUSTS :	0.01	CHARGES :	184.42	2.00	0.00
				REFUNDS:	0.00						
					184.41		0.01		184.42		0.00

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